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Family Skills Survey

We know that the families in our setting have many skills and talents! We'd like to provide opportunities throughout the year to utilize your expertise. Please check the boxes below to indicate skills you or another family member might be able to share:

We'd love to learn more! Please tell more about the skills you checked: ______

We welcome you to share your craft! Would you like to:

- teach the children a new skill
- □ help out with an activity
- read or share a story about a topic
- donate materials for a project/activity

Celebrating Holidays Questionnaire for Families

Dear Families,

Your answers to the following questions will guide the development of an inclusive, ageappropriate approach to celebrating holidays. The goal is to host celebrations and plan activities that meet the needs of all children and families in this setting. Thank you for taking the time to share this information.

- 1. Which special occasions and holidays do you celebrate in your family?
- 2. How do you commemorate special occasions and holidays?
- 3. Would you like your child(ren) to celebrate holidays at preschool? (If you answer No, skip to question 7.)
- 4. How do you feel about the possibility of your child(ren) learning about holidays that are not celebrated in your home?
- 5. What would you like your child(ren) to gain from holiday activities occurring at preschool?
- 6. How would you like to participate in holiday activities occurring at preschool?
- 7. What concerns, if any, do you have about your child(ren) participating in holiday activities?
- 8. If your family does not celebrate holidays, what kind of support would you like if/when there are holiday activities?

Getting to Know Your Child Questionnaire

Please complete this questionnaire to help us learn more about your child and family. This information will help us provide an environment for diverse learning and accommodate different developmental levels, interests, and goals. Research shows that children with a strong childcare-parent-community connection have the most success. We appreciate you taking the time to fill this out.

Child's name:
Parents/Guardians:
Other important people in the child's life:
What are some of your child's strengths?
What are some concerns you have for your child?
Which routines/parts of the day are easy? And why?
Which routines/parts of the day are difficult? And why?
What are some of your child's interests?
What do you enjoy doing as a family?
Who tracks your child's developmental milestones with you?
Does your child have an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)?
List any therapies your child receives:
Anything else you would like mention:
Communication methods that work best:
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